

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

23344

1. PLACE OF DEATH

County Jackson
 Township Kaw
 City St. Mary (No. 3424 Montgall)

Registration District No. 399
 Primary Registration District No. 1002

File No. 3050
 Registered No. 3050
 St. St. Mary Ward Ward

2. FULL NAME

(a) Residence, No. 3424 Montgall St. St. Mary Ward Ward
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ida Roberts</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-9-1880</u>		
7. AGE <u>53</u>	YEARS <u>4</u>	MONTHS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>sheet metal worker</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>worker</u>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bowling Green</u>		
13. NAME <u>Paul Roberts</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>		
15. MAIDEN NAME <u>No record</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>		
17. INFORMANT (ADDRESS) <u>Ida Roberts</u> <u>3424 Montgall</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood</u> DATE <u>7-27-33</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. P. A. Houle</u> <u>Rt. 2</u>		
20. FILED <u>July 27 1933 M. M. Browne</u> <u>Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-25-1933

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1933, to July 25, 1933.
 Last saw him alive on July 25, 1933. Death is said to have occurred on the date stated above, at 3:17 p. m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
 Date of onset 7/29/33

Other contributory causes of importance:
Unknown

Name of operation none Date of none
 What test confirmed diagnosis Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) M. M. Browne M. D.
 (Address) 1303 Walnut St.

Dr. H. H. H.